MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1					
2						
3						
4						
5		1				
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		1				
19		1				
20	1					
21		1				
22		1				
23		1				
24						
25						
26						
27						
28						
29		1				
30	1					
31						
32						
33						
34						
35						
36		1				
37	1					
38		1				
39		1				
40						
41						
42	1					
43	1					
44		1				
45		1				
46						
47						
48						
49	1					
50		1				
TOTAL NO.						
TOTAL DEP.						

	NO.	DEP.	NO.	EP.	NO.	DEP.
51		1				
52	1					
53		1				
54		1				
55		1				
56		1				
57						
58						
59						
60						
61						
62						
63		1				
64	1					
65						
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74	1					
75		1				
76						
77		1				
78						
79						
80						1
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.	11					
TOTAL DEP.	68					
TOTAL	79					